

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>LM</i>	<i>32</i>	<i>4/5</i>
FORMALITY REVIEW	<i>MW</i>	<i>920</i>	<i>05-03-01</i>
RESPONSE FORMALITY REVIEW	<i>HC</i>	<i>712</i>	<i>12-08-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*05/01/01*  
*MS*  
*05/01/01*